

|   |  |   |                      |   |             |
|---|--|---|----------------------|---|-------------|
| AO 435<br>(Rev. 04/18)  |  | ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS |                      | <b>FOR COURT USE ONLY</b>                             |             |
| <b>TRANSCRIPT ORDER</b>   |  |   |                      | <b>DUE DATE:</b>                                      |             |
| <i>Please Read Instructions:</i>  |  |   |                      |   |             |
| 1. NAME   |  | 2. PHONE NUMBER                                   |                      | 3. DATE   |             |
| 4. DELIVERY ADDRESS OR EMAIL  |  | 5. CITY   |                      | 6. STATE  | 7. ZIP CODE |
| 8. CASE NUMBER  | 9. JUDGE   | DATES OF PROCEEDINGS                              |                      |   |             |
|   |  | 10. FROM  |                      | 11. TO  |             |
| 12. CASE NAME   |  | LOCATION OF PROCEEDINGS                           |                      |   |             |
|   |  | 13. CITY  |                      | 14. STATE   |             |
| 15. ORDER FOR   |  |   |                      |   |             |
| <input type="checkbox"/> APPEAL   |  | <input type="checkbox"/> CRIMINAL                 |                      | <input type="checkbox"/> CRIMINAL JUSTICE ACT         |             |
| <input type="checkbox"/> NON-APPEAL   |  | <input type="checkbox"/> CIVIL                    |                      | <input type="checkbox"/> BANKRUPTCY                   |             |
|   |  |   |                      | <input type="checkbox"/> IN FORMA PAUPERIS            |             |
|   |  |   |                      | <input type="checkbox"/> OTHER ( <i>Specify</i> )     |             |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) ENTIRE HEARING |  |   |                      |   |             |
| PORTIONS  |  | DATE(S)   |                      | PORTION(S)  |             |
| DATE(S)   |  | DATE(S)   |                      | DATE(S)   |             |
| <input type="checkbox"/> VOIR DIRE  |  |   |                      | <input type="checkbox"/> TESTIMONY (Specify Witness)  |             |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff)  |  |   |                      |   |             |
| <input type="checkbox"/> OPENING STATEMENT (Defendant)  |  |   |                      |   |             |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)   |  |   |                      | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy) |             |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant)   |  |   |                      |   |             |
| <input type="checkbox"/> OPINION OF COURT   |  |   |                      |   |             |
| <input type="checkbox"/> JURY INSTRUCTIONS  |  |   |                      | <input type="checkbox"/> OTHER (Specify)              |             |
| <input type="checkbox"/> SENTENCING   |  |   |                      |   |             |
| <input type="checkbox"/> BAIL HEARING   |  |   |                      |   |             |
| 17. ORDER   |  |   |                      |   |             |
| CATEGORY  | ORIGINAL<br>(Includes Certified Copy to<br>Clerk for Records of the Court) | FIRST COPY  | ADDITIONAL<br>COPIES | NO. OF PAGES ESTIMATE                                 | COSTS       |
| ORDINARY  | <input type="checkbox"/>   | <input type="checkbox"/>                          | NO. OF COPIES        |   |             |
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| EXPEDITED   | <input type="checkbox"/>   | <input type="checkbox"/>                          | NO. OF COPIES        |   |             |
| 3-Day   | <input type="checkbox"/>   | <input type="checkbox"/>                          | NO. OF COPIES        |   |             |
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| HOURLY  | <input type="checkbox"/>   | <input type="checkbox"/>                          | NO. OF COPIES        |   |             |
| REALTIME  | <input type="checkbox"/>   | <input type="checkbox"/>                          |                      |   |             |
| CERTIFICATION (18. & 19.)<br>By signing below, I certify that I will pay all charges<br>(deposit plus additional).          |  |   |                      | ESTIMATE TOTAL  | \$ 0.00     |
| 18. SIGNATURE   |  |   |                      | PROCESSED BY  |             |
| 19. DATE  |  |   |                      | PHONE NUMBER  |             |
| TRANSCRIPT TO BE PREPARED BY  |  |   |                      | COURT ADDRESS   |             |
| ORDER RECEIVED  |  | DATE  | BY                   |   |             |
| DEPOSIT PAID  |  |   |                      | DEPOSIT PAID  |             |
| TRANSCRIPT ORDERED  |  |   |                      | TOTAL CHARGES   | \$ 0.00     |
| TRANSCRIPT RECEIVED   |  |   |                      | LESS DEPOSIT  | \$ 0.00     |
| ORDERING PARTY NOTIFIED<br>TO PICK UP TRANSCRIPT  |  |   |                      | TOTAL REFUNDED  |             |
| PARTY RECEIVED TRANSCRIPT   |  |   |                      | TOTAL DUE   | \$ 0.00     |

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